

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2002 Estimated average burden hours per response... 16.00

SEC USE ONLY				
Prefix		Serial		
DATE RECEIVED				

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Offering of Cadence MD LLC units. Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE Type of Filing: [X] New Filing [] Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) 02039020 Cadence MD LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 265 Franklin Street, Boston, MA 02110 (617) 367-7400 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business To be a holding company for Class B limited liability company units of another company. Type of Business Organization [] corporation [] limited partnership, already formed [X] other (please specify): Limited liability company 1 business trust] limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: [0][4] [0][2] [X] Actual [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [D] [E] **GENERAL INSTRUCTIONS**

Federal:

FINANCIAL Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice

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A. BASIC IDENTIFICATION DATA

- . Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[X] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if Breed, David B.	individual) :				
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)	: 265 Franklin Street, Bos	ton, MA 02110	
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if Bannick, William B.	individual) :				
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)	: 265 Franklin Street, Bos	ton, MA 02110	
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if Burdon, Katherine A.	individual):				
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)	: 265 Franklin Street, Bos	ton, MA 02110	
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if Skillman, Michael J.	individual) :				
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)	: 265 Franklin Street, Bos	ton, MA 02110	
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if Wicker, Wayne A.	individual):				
Business or Residence Addres	ss (Number and St	reet, City, State, Zip Code)	: 265 Franklin Street, Bos	ton, MA 02110	
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if heter, Daniel P.	individual):				
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)	: 265 Franklin Street, Bos	ton, MA 02110	
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if O'Connor, Bart J.	individual):				
Business or Residence Address	ss (Number and St	reet, City, State, Zip Code)	: 265 Franklin Street, Bos	ton, MA 02110	
	(Use	blank sheet, or copy and	use additional copies of thi	s sheet, as necessa	arv.)

					В	. INFORM	ATION AI	BOUT OFF	ERING			
2. 1	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									\$ 0		
3. I										Yes No		
4. I	Enter the info	rmation red neration for person or a nore than fi	quested for solicitation agent of a b ive (5) pers	each person of purchan roker or de ons to be lin	n who has b sers in conn aler register	een or will ection with red with the	be paid or g sales of sec SEC and/o	given, direct curities in th r with a state	ly or indirec e offering. I e or states, li	tly, any con f a person to ist the name	nmission or be listed is of the broker	
Full N	ame (Last na	ıme first, if	individual)	l								
Busine	ess or Reside	nce Addres	s (Number	and Street,	City, State	, Zip Code)			-			
Name	of Associate	d Broker o	Dealer									
	in Which Pe k "All States"										[] All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (Last na	ıme first, if	individual)									
Busine	ess or Reside	nce Addres	s (Number	and Street,	City, State	, Zip Code)						
Name	of Associate	d Broker o	r Dealer									
	in Which Pe k "All States										[] All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (Last na	ime first, if	individual))							-	
Busine	ess or Reside	nce Addres	s (Number	and Street,	City, State	, Zip Code)						
Name	of Associate	d Broker o	r Dealer									
	in Which Pe k "All States	-					_				[] All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		-1.1			
١.	Enter the aggregate offering price of securities included in this offering and the total amount already so Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] as				
	indicate in the columns below the amounts of the securities offered for exchange and already exchange				
			Aggregate	A	mount Already
	Type of Security		Offering Price		Sold
	Debt	\$	<u>-</u>		<u> </u>
	Equity	\$	0	\$	0
	[] Common [] Preferred				
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$		\$	<u> </u>
	Other (Specify)	\$		\$	-
	Total	\$	0	\$	0
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offer				
	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of				
	who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Er if answer is "none" or "zero."	nter "U"			
	if allower is frome of zero.			Aggre	rate
					Amount
		Numbe	r Investors	of Pur	chases
	Accredited Investors		7	\$	0
	Non-accredited Investors			s	
	Total (for filings under Rule 504 only)			_s _	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities	sold by			
	the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of so	ecurities			
	in this offering. Classify securities by type listed in Part C-Question 1.				
	Time of offering	Туре о	f Security	Doll Sol	ar Amount
	Type of offering Rule 505			\$	u
		-		\$	
	Regulation A			· -	
;	Rule 504	-		· § —	
	Total			\$ <u> </u>	
	The state of the s	t			
ŧ.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securitie offering. Exclude amounts relating solely to organization expenses of the issuer. The information is				
	given as subject to future contingencies. If the amount of an expenditure is not known, furnish an of				
	and check the box to the left of the estimate.				
	Transfer Agent's Fees		[] \$	0
	Printing and Engraving Costs		[] \$	0
	Legal Fees		[X J\$ 175	5,000.00
	Accounting Fees]] \$	0
	Engineering Fees		[] \$	0
	Sales Commissions (specify finders' fees separately)		[] \$	0
	Other Expenses (identify)		·	;	0
				·	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS $\,$

[]\$_ [X] \$ 175,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to Part C -Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference \$ -175,000.00 is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors, & Payments To Affiliates Others []\$____ []\$ Salaries and fees []\$ Purchase of real estate []\$ Purchase, rental or leasing and installation of machinery []\$ []\$ and equipment Construction or leasing of plant buildings and facilities. []\$ Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) []\$ Repayment of indebtedness -175,000.00 []\$ Working capital Other (specify): ___ []\$ []\$ Column Totals [] \$ -175,000.00 Total Payments Listed (column totals added)

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Cadence MD LLC	Signature avid & Bull	Date 5/10/07
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
David B. Breed	Chief Executive Officer	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)